



# Worship Chairs.com Application

Administered by ACI Financial, Inc.  
612 11th Street, Dawson, Minnesota 56232  
(320)769-4844 or TF (877)862-6615, x202145 (320)769-4809, fax



## CHURCH NAME Important to list legal name of entity

Church Name				Nature of Business	
Physical Address				Federal I.D. Number	
City	County	State	Zip	Years in Business	# Of Employees
Telephone	Fax Number	Office Hours		? Proprietorship ? Corporation	? Partnership ? Sub S ? LLC ? PA/PC
EQUIPMENT LOCATION (if different than above)				Contact and Contact Number	

## CHURCH STATISTICS

Website	Name of Any Affiliated Businesses From Your Location	Number of Active Members
Budget for:	Last Year                      This Year	Amount of Weekly Collections
What Is Your Business Structure Governing Body: (Deacons, Elders, Bishops, etc.)		Who Makes the Financial Decisions

## EQUIPMENT TO BE FINANCED PURCHASE PRICE

	\$
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## BUSINESS/TRADE REFERENCES Accounts paid monthly – insurance, utilities, cleaning service, etc

Name	City/State	Telephone	Account No.	Contact

## CHURCH BANK REFERENCES AND MORTGAGE REFERENCE

Bank	Bank	MORTGAGE REFERENCE
Phone	Phone	Bank
Account No.	Account No.	Phone
Account Type: (Checking, Savings etc)	Account Type	Account No.
Contact	Contact	Contact

## PERSONAL INFORMATION On Officers, Partners, or Guarantors

Name	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip
Home Phone No.			
Name	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip
Home Phone No.			

**PLEASE FAX COPY OF THE LAST THREE MONTHS CHURCH CHECKING BANK STATEMENTS.**

## AUTHORIZATION TO RELEASE INFORMATION

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to ACI Financial, Inc. or its designee (any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual's identified in the above application.

**X**